

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$195 (IF DISSOLVED, UNKNOWN AMOUNT DUE TO REINSTATE: \$995)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:14

DOCUMENT # N93000005545 (9)

1. Corporation Name

THE FRANK AND VERA FEROLA CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

10265 SHIREOAKS LN
 BOCA RATON FL 33498

10265 SHIREOAKS LN
 BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

06/14/1994

4. FEI Number

65-0455975

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under a. 199.032,

Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEROLA, FRANK
10265 SHIREOAKS LN
BOCA RATON FL 33498

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FEROLA, FRANK
STREET ADDRESS	10265 SHIREOAKS LN
CITY - ST - ZIP	BOCA RATON FL 33498
TITLE	D
NAME	FEROLA, VERA
STREET ADDRESS	10265 SHIREOAKS LN
CITY - ST - ZIP	BOCA RATON FL 33498
TITLE	D
NAME	FEROLA, FRANC
STREET ADDRESS	10265 SHIREOAKS LN
CITY - ST - ZIP	BOCA RATON FL 33498
TITLE	D
NAME	FEROLA, PETER
STREET ADDRESS	10265 SHIREOAKS LN
CITY - ST - ZIP	BOCA RATON FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the person or persons empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or for no change, with an address.

SIGNATURE: **FRANK F. FEROLA** 6/7/95 (305) 971-0600
 SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)